

(SCHOOL LETTERHEAD)

Dear Parent/Guardian:

State health regulations dictate that students cannot attend school unless they are properly immunized and can provide satisfactory evidence of the immunization or unless they are exempted. For school attendance, children should be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, and hepatitis B. Varicella is required for kindergarteners through third grade. All children are required to provide documentation of the month, day, and year of vaccine administration.

Immunization records for your child, _____, are incomplete. The following actions are needed:

NO IMMUNIZATION RECORD ON FILE

_____ Provide a complete immunization record.

VACCINATION FOR DIPHTHERIA, TETANUS, PERTUSSIS (DTaP, DTP, DT, Td, Tdap)

_____ Series incomplete (Dose[s] needed _____).

_____ Last dose of (DTaP, DTP, or DT) was received before fourth birthday (last dose was ____/____/____).

_____ Td, Tdap - 10 year booster for diphtheria/tetanus (last dose was ____/____/____).

VACCINATION FOR POLIO (IPV, OPV)

_____ Series incomplete (Dose[s] needed _____).

VACCINATION FOR MEASLES, MUMPS, AND RUBELLA

_____ Series incomplete (Dose[s] needed _____) Measles immunization _____ Mumps immunization _____ Rubella immunization).

_____ Vaccination for _____ Measles _____ Mumps _____ Rubella is required since initial vaccines were received before first birthday.

VACCINATION FOR HEPATITIS B

_____ Series incomplete (Dose[s] needed _____).

(NOTE: Students who are 11-15 years of age may use the following as a guide for the 2-dose Merck Recombivax Hepatitis B vaccine schedule - Dose 1, initial visit
Dose 2, 4-6 months after Dose 1)

VACCINATION FOR VARICELLA (Kindergarten, First, Second and Third Grade)

_____ Incomplete (1 Dose needed, or written statement from parent, guardian, or doctor of medicine or osteopathy indicating approximate date of disease.)

_____ Vaccination for Varicella is required since vaccine was received before first birthday.

If your child has had the immunizations checked above, please send or bring a statement, certificate, or record from a physician or other recognized health facility or personnel no later than ____/____/____. Please call me if you have any questions.

Sincerely,